

Drug, and Cosmetic Act with respect to surveillance and information concerning the relationship between cervical cancer and the human papillomavirus (HPV), and for other purposes.

The message also announced that the House has passed the following concurrent resolution, without amendment:

S. Con. Res. 149. Concurrent resolution to correct the enrollment of H.R. 3244.

EXECUTIVE AND OTHER COMMUNICATIONS

The following communications were laid before the Senate, together with accompanying papers, reports, and documents, which were referred as indicated:

EC 11152. A communication from the Assistant Bureau Chief, Management, International Bureau, Satellite and Radiocommunications Division, Federal Communications Commission, transmitting, pursuant to law, the report of a rule entitled "Report and Order in the Matter of the Establishment of Policies and Service Rules for the Mobile Satellite Service in the 2 GHz band" (IB Docket No. 99-81, FCC 00-302) received on October 12, 2000; to the Committee on Commerce, Science, and Transportation.

EC 11153. A communication from the Director of the Office of Management and Budget, Executive Office of the President, transmitting, pursuant to law, an appropriations report for the Department of Defense Appropriations Act for fiscal year 2001; to the Committee on the Budget.

EC 11154. A communication from the Director of the Office of Management and Budget, Executive Office of the President, transmitting, pursuant to law, a pay-as-you-go report (No. 513) dated September 29, 2000; to the Committee on the Budget.

EC 11155. A communication from the Deputy Associate Administrator, Office of Acquisition Policy, General Services Administration, transmitting, pursuant to law, the report of a rule entitled "Federal Acquisition Regulation Federal Acquisition Circular 97-20" (FAC97-20) received on October 12, 2000; to the Committee on Governmental Affairs.

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first and second times by unanimous consent, and referred as indicated:

By Mr. ABRAHAM:

S. 3206. A bill to amend the Omnibus Crime Control and Safe Streets Act of 1968 to provide additional protections to victims of rape; to the Committee on the Judiciary.

By Mr. SANTORUM:

S. 3207. A bill to amend the Consolidated Farm and Rural Development Act to authorize the Secretary of Agriculture to make grants to nonprofit organizations to finance the construction, refurbishing, and servicing of individually-owned household water well systems in rural areas for individuals with low or moderate incomes; to the Committee on Agriculture, Nutrition, and Forestry.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mr. MURKOWSKI (for himself and Mr. BINGAMAN):

S. Con. Res. 151. A concurrent resolution to make a correction in the enrollment of the bill H.R. 2348; considered and agreed to.

By Mr. ROTH:

S. Con. Res. 152. A concurrent resolution to make a technical correction in the enrollment of the bill H.R. 4868; considered and agreed to.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. ABRAHAM:

S. 3206. A bill to amend the Omnibus Crime Control and Safe Streets Act of 1968 to provide additional protections to victims of rape; to the Committee on the Judiciary.

THE VICTIMS OF RAPE HEALTH PROTECTION ACT

Mr. ABRAHAM. Mr. President, I rise today to introduce the Victims of Rape Health Protection Act. This legislation would facilitate health treatment of rape victims by empowering victims with the ability to determine at an early date whether or not their attacker carried the Human Immunodeficiency Virus (HIV), the virus that causes AIDS.

Mr. President, in addition to a rape survivor being forced to live with the horrific elements commonly associated with the act of rape, rape victims simultaneously are threatened by yet another cruel aggressor, the HIV disease. Current medical technology is limited in its ability to detect HIV in the body during the initial stages of infection; as such, if the victim must rely on self-testing alone, the presence of HIV may not be evident for months.

Reports from both the American Medical Association and a study published in the April, 1997, New England Journal of Medicine outline the merits of early action in the fight against HIV. As immediate and intensive administration of anti-HIV drugs has been shown to greatly reduce the risk of HIV infection, early knowledge of whether or not a victim has been exposed to the virus is imperative to embarking on critical, potentially lifesaving courses of medication.

Mr. President, ten years ago Congress passed a law that allowed rape victims to compel testing of their attacker upon conviction. Over the years medical science has made important advancements in the fight against AIDS, and it is time for the law to follow suit. Today, I wish to challenge the current inadequate policies which exist in some states, and allow victims of rape early access to their assailants' HIV screen results.

Where there is any risk of transmission of the virus, this legislation

would require states to actively screen rape defendants for HIV and disclose the results to the victim within forty-eight hours of an indictment or information. Beyond notification of the victim, test result confidentiality would be determined by the individual states as they see necessary to protect the privacy of their citizens. Federal Byrne Grant funding would be made available to the states in order to help pay for the testing; states which refuse to operate in compliance with these testing requirements would be subject to a ten-percent reduction of their Byrne Grant funds.

Mr. President, I have read far too many stomach-churning accounts of both female and male rape victims, at every age, where early knowledge of a sex offender's HIV status—positive or negative—may have spared the victim unnecessary mental anguish, or possibly, may have spared the victim's life. At this time, I would like to share a few of these sad stories with my colleagues.

In the summer of 1996, a seven year old girl was brutally raped by a 57 year old man. The little girl and her five year old brother had been lured to a secluded, abandoned building in the East New York section of Brooklyn. The man raped and sodomized the girl. Her brother, meanwhile, was beaten, tied up and forced to witness his sister's rape. After the man's arrest, the defendant refused to be tested for HIV. His refusal was permitted by the state's laws. The man later told the police he was infected with HIV.

In New Jersey, three boys gang-raped a 10-year-old mentally-retarded girl. The girl's family demanded that the boys be tested for HIV; these requests were denied. Three years after the girl was raped and the boys were convicted, the family was still fighting to learn the HIV status of the rapists.

A Maryland man with HIV sexually assaulted an 11-year-old boy for over a year. It was not until the man's trial that it was learned he was infected.

Mr. President, I do not believe I need to elaborate further on this subject. I believe we have a unique opportunity to help ease the stress and suffering of women and children mercilessly raped and wounded by sexual predators, and in the process, we will change a system which currently favors the so-called privacy of sex offenders over the health of their victims. I implore my colleagues to support the Victims of Rape Health Protection Act. May we finally deliver a higher degree of security and safety to rape victims, regardless of age or gender. Mr. President, I ask for unanimous consent that the text of this legislation and a letter from Ms. Deidre Raver, a rape survivor who has championed this cause for years, be inserted in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

S. 3206

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Victims of Rape Health Protection Act".

SEC. 2. BYRNE GRANT REDUCTION FOR NON-COMPLIANCE.

(a) GRANT REDUCTION FOR NONCOMPLIANCE.—Section 506 of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3756) is amended by adding at the end the following:

"(g) SEX OFFENDER HIV TESTING.—

"(1) IN GENERAL.—The funds available under this subpart for a State shall be reduced by 10 percent and redistributed under paragraph (2) unless the State demonstrates to the satisfaction of the Director that the laws or regulations of the State with respect to a defendant against whom an information or indictment is presented for a crime in which by force or threat of force the perpetrator compels the victim to engage in a sexual act (as defined in subsection (f)(3)(B)), the State requires as follows:

"(A) That the defendant be tested for HIV disease if—

"(i) the nature of the alleged crime is such that the sexual act would have placed the victim at risk of becoming infected with HIV; and

"(ii) the victim requests the test.

"(B) That if the conditions specified in subparagraph (A) are met—

"(i) the defendant undergo the test not later than—

"(I) 48 hours after the date on which the information or indictment is presented; or

"(II) 48 hours after the request of the victim if that request is made after the date on which the information or indictment is presented;

"(ii) the results of the test shall be confidential except as provided in clause (iii) and except as otherwise provided under State law; and

"(iii) that as soon as is practicable the results of the test be made available to—

"(I) the victim; and

"(II) the defendant (or if the defendant is a minor, to the legal guardian of the defendant).

Nothing in this subparagraph shall be construed to bar a State from restricting the victim's disclosure of the defendant's test results to third parties as a condition of making such results available to the victim.

"(C) That if the defendant has been tested pursuant to subparagraph (B), the defendant, upon request of the victim, undergo such follow-up tests for HIV as may be medically appropriate, and that as soon as is practicable after each such test the results of the test be made available in accordance with subparagraph (B) (except that this subparagraph applies only to the extent that the individual involved continues to be a defendant in the judicial proceedings involved, or is convicted in the proceedings).

"(2) REDISTRIBUTION.—Any funds available for redistribution shall be redistributed to participating States that comply with the requirements of paragraph (1).

"(3) COMPLIANCE.—The Attorney General shall issue regulations to ensure compliance with the requirements of paragraph (1)."

(b) CONFORMING AMENDMENT.—Section 506(a) of title I of the Omnibus Crime Control and Safe Streets Act of 1968 is amended by striking "subsection (f)," and inserting "subsections (f) and (g)."

(c) FUNDING.—Section 501(b) of title I of the Omnibus Crime Control and Safe Streets Act of 1968 is amended—

(1) in paragraph (25), by striking "and" after the semicolon;

(2) in paragraph (26), by striking the period and inserting "; and"; and

(3) by inserting at the end the following:

"(27) programs to test defendants for HIV disease in accordance with the terms of subsection (g)."

(d) EFFECTIVE DATE.—

(1) PROGRAM.—The amendments made by subsections (a) and (b) shall take effect on the first day of the fiscal year succeeding the first fiscal year beginning 2 years after the date of the enactment of this Act.

(2) FUNDING.—The amendment made by subsection (c) shall take effect on the date of enactment of this Act.

DEAR SENATOR ABRAHAM: I understand that you are interested in sponsoring legislation that would provide rape victims the opportunity to quickly learn if they have been exposed to the HIV virus. I have been associated with this compelling issue for many years as an advocate for crime victims and thank you for considering the health issues that a rape victim is forced to deal with following a horrific experience. As a survivor of rape myself, I personally know how traumatic it is to wait for medical information regarding exposure to the many frightening venereal diseases that exist, not to mention the possibility of pregnancy occurring.

A rape victim needs to learn the HIV status of their assailants when making decisions with her doctor about taking risky drug medications. The only way for a victim to know if she has been exposed to the HIV virus is to test the assailant because of the 16-week infection time window period. It is inhumane and cruel to deny rape victims the right to learn of their assailants' H.I.V. status early enough to eradicate the virus, if exposed.

Currently, in states like mine, a person accused of rape cannot be involuntarily tested for the AIDS virus until he is convicted of the crime, which can be years later. The H.I.V. test becomes a plea bargaining tool for defense attorneys to use, reducing the sentencing of violent sex offenders to non-felony convictions. Our current laws force prosecuting attorneys to choose between prosecuting violent criminals or protecting the health of the victims.

New York has had its share of horrific cases where an arrested rapist will have boasted to the victim of a positive H.I.V. status and then refuse to take the test on the advice of a defense attorney. I was personally outraged by a case in Brooklyn where a fifty-seven-year old man raped a little girl next to her five-year-old brother and then declared to police that he had AIDS upon arrest. The Brooklyn District Attorney's Office could not force the arrested man to take an HIV test.

In order for states to qualify for AIDS funding, they should have legal provisions in place to allow rape victims to test arrested assailants for HIV, no exceptions. Our laws should not aggravate the terror that rape victims face when coping with their fear of the attacker and the numerous frightening health risks.

I thank you for considering the rights of rape victims before the privacy concerns of rape assailants, as rape victims deserve compassionate help that includes determining whether or not exposure to HIV has occurred.

Sincerely,

DEIDRE RAVEN.

By Mr. SANTORUM:

S. 3207. A bill to amend the Consolidated Farm and Rural Development Act to authorize the Secretary of Agriculture to make grants to nonprofit organizations to finance the construction, refurbishing, and servicing of individually-owned household water well systems in rural areas for individuals with low or moderate incomes; to the Committee on Agriculture, Nutrition, and Forestry.

AFFORDABLE DRINKING WATER ACT OF 2000

Mr. SANTORUM. Mr. President, I rise today to introduce the "Affordable Drinking Water Act of 2000." This bill sets out an innovative approach to meet the safe drinking water needs of rural Americans nationwide.

The Affordable Drinking Water Act of 2000 provides a targeted alternative to water delivery in rural areas. Through a partnership established between the federal government and nonprofit entities, low to moderate income households who would prefer to have their own well or are experiencing drinking water problems could secure financing to install or refurbish an individually owned household well. In my home state of Pennsylvania, 2.5 million citizens currently choose to have their drinking water supplied by privately-owned individual water wells.

The government assistance envisioned under this bill would also allow homeowners of modest means in Pennsylvania, and the rest of the country, to bring old household water wells up to current standards; replace systems that have met their expected life; or provide homeowners without a drinking water source with a new individual household water well system.

Another important component of this legislation will afford rural consumers with individually owned water wells the same payment flexibility as other utility customers. Centralized water systems currently are eligible to receive federal grants and loans with repayment spread out over 40 years. The Affordable Drinking Water Act of 2000 would provide loans to low to moderate income homeowners to upgrade or install a household drinking water well now, and then repay the cost through convenient monthly charges. This ability to stretch out payments over the life of the loan gives rural well owners an affordable option that they otherwise do not have.

Mr. President, I am pleased to introduce this legislation today, and believe that it is appropriately balanced to meet the safe-drinking water needs of rural households.

ADDITIONAL COSPONSORS

S. 3005

At the request of Mr. FEINGOLD, the name of the Senator from Wisconsin (Mr. KOHL) was added as a cosponsor of S. 3005, a bill to require country of origin labeling of all forms of ginseng.